33. Private practice by Government Doctors employed in CGHS dispensaries and clinics should be stopped and strin gent action taken against those violating the rules. (Para-90)

34. CGHS Doctors must be given adequate opportunity to keep themselves abreast of the new advancements by providing opportunities to participate in national and international seminars, workshops and training programmes. The promotional avenues of the Doctors may be linked with the training programmes/ refresher courses attended by them. (Para-91)

35. The Ministry should ensure that complaint boxes are available and conspicuously displayed at prominent places in the dispensaries. Prompt action should be taken on each and every complaint. (Para-92)

36. The Government may consider providing some facilities such as telephones, etc. to the Area Welfare Officers, besides some monetary incentives. The Area Welfare Officers' suggestions should be given due weightage keeping in view the beneficiaries grievance. (Para-95)

37. Government may also consider appointing CGHS Beneficiaries Welfare Committees for each dispensary, involving the Chief Medical Officer, the Area Welfare Officer and representatives of the Resident Welfare Associations. (Para-95)

38. The Ministry should give due consideration to the problems of senior citizens and try to take a sympathetic view of the problems faced by them. Necessary instructions be issued for according priority in treatment to senior citizens. The Government should try to identify areas where there is comparatively large concentration of retired Central Government employees and provide them CGHS coverage. The possibility of allowing pensioners to seek treatment in local recognised hospitals and get reimbursement thereafter may also be explored. A complete study of the CGHS related issue and the problems faced by pensioners may be undertaken and plan of action drawn up. (Paras-102 & 103)

39. The Government may examine/ explore alternatives for replacing CGHS with Health Insurance Cover, initially starting with senior citizens and later on extending it to serving employees as well. Expert opinion may be obtained to see how far innovative measures, such as 'Medisave' scheme of Singapore, can help introduce suitable insurance cover to salaried employees, A working group to prepare the details of this scheme could be set up. [Para-104 (a)]

40. The Government may also examine whether the on-going CGHS could be converted from purely departmental ac tivity in to a more manageable quasi-Governmental set-up managed by trust or trusts, A modified CGHS system, oper ated on a decentralized basis outside Government control, would be able to make CGHS more responsive to patient needs in its work arrangements. The CGHS could, thus, be converted from a departmental undertaking into three or four trusts covering beneficiaries in diffe rent parts of the country [Para- 104 (b)]

World Bank assistance for Health Care in Rural and Tribal Areas

2527. SHRI GOPALSINH G. SOLANKI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any financial assistance is being provided by the V/orld Bank for Health Care in the rural and tribal areas; and

(b) if so, the amount provided during the last three years, year-wise and State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): (a) and (b) The information is being collected and will be laid on the Table of the House.